Fill in this info	mation to identify your	case:				
Debtor 1	Ann Marie Shalho					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	Elizabeth Barbara	a Shalhoub Middle Name	Last Name			
()	ankruptcy Court for the:	EASTERN DISTRICT				
	, ,	ZAGIZIAI BIGITAIGI	O1 1411 O7 11 V			
Case number	19-42901				□ Ch	eck if this is an
,						ended filing
Be as complete information. Fill	of Your Assets a and accurate as possib out all of your schedulerms, you must fill out a	ole. If two married peoples first; then complete t	e are filing together, bo he information on this	oth are equally responder	onsible for suppl	
Be as complete information. Fill your original fo	and accurate as possible out all of your schedule	ole. If two married peoples first; then complete t	e are filing together, bo he information on this	oth are equally responder	onsible for suppl g amended sche You	ying correct dules after you file r assets
Be as complete information. Fill your original fo	and accurate as possib lout all of your schedulerms, you must fill out a	ole. If two married peoples first; then complete t	e are filing together, bo he information on this	oth are equally responder	onsible for suppl g amended sche You	ying correct dules after you file
Be as complete information. Fill your original for Part 1: Summ	and accurate as possib lout all of your schedulerms, you must fill out a	ole. If two married peoples first; then complete to new Summary and checome summary and checome 106A/B)	e are filing together, both the information on this ck the box at the top of	oth are equally respo form. If you are filin this page.	onsible for suppl og amended sche You Valu	ying correct dules after you file r assets
Be as complete information. Fill your original formation. Part 1: Summ 1. Schedule 1a. Copy li	and accurate as possible out all of your schedulerms, you must fill out a marize Your Assets A/B: Property (Official Fo	ole. If two married peoples first; then complete to the summary and check the summary an	e are filing together, bothe information on this ck the box at the top of	oth are equally responding to the form. If you are filing this page.	onsible for suppl g amended sche You Valu	ying correct dules after you file r assets e of what you own
Be as complete information. Fill your original formation. Part 1: Summ 1. Schedule 1a. Copy ling 1b. Copy ling 1	and accurate as possible out all of your schedulerms, you must fill out a marize Your Assets A/B: Property (Official Forne 55, Total real estate, for	ole. If two married peoples first; then complete to new Summary and checome Summary and checome 106A/B) orm 106A/B) rom Schedule A/B	e are filing together, bothe information on this ck the box at the top of	oth are equally responder. If you are filing this page.	onsible for suppling amended sche You Valu \$	ying correct dules after you file r assets e of what you own 0.00
Be as complete information. Fill your original formation. Part 1: Summ 1. Schedule 1a. Copy ling 1b. Copy ling 1c. Copy ling 1	and accurate as possible out all of your schedulerms, you must fill out a marize Your Assets A/B: Property (Official Forne 55, Total real estate, fine 62, Total personal property (Official property)	ole. If two married peoples first; then complete to new Summary and checome Summary and checome 106A/B) orm 106A/B) rom Schedule A/B	e are filing together, bothe information on this ck the box at the top of	oth are equally responder. If you are filing this page.	onsible for suppling amended sche You Valu \$	ying correct dules after you file r assets e of what you own 0.00
Be as complete information. Fill your original formation. Part 1: Summ 1. Schedule 1a. Copy ling 1b. Copy ling 1c. Copy ling 1	and accurate as possible out all of your schedulerms, you must fill out a marize Your Assets A/B: Property (Official Forme 55, Total real estate, fine 62, Total personal property (63, Total of all property 10, Total of all pr	ole. If two married peoples first; then complete to new Summary and checome Summary and checome 106A/B) orm 106A/B) rom Schedule A/B	e are filing together, bothe information on this ck the box at the top of	oth are equally responder. If you are filing this page.	you valu \$ \$ You You	ying correct dules after you file r assets e of what you own 0.00

Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,409.48

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	157,460.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	157,460.00

Fill in this info	rmation to identify your case a	nd this filing:		
Debtor 1	Ann Marie Shalhoub	nu una ming.		
DODIOI 1	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	Elizabeth Barbara Shal	houb Middle Name Last Name		
United States B	ankruptcy Court for the: EAST	ERN DISTRICT OF MICHIGAN		
Case number	19-42901			☐ Check if this is an amended filing
				amended ming
Official Fo	orm 106A/B			
Schedu	le A/B: Property	/		12/15
think it fits best.	Be as complete and accurate as po ore space is needed, attach a separ	List an asset only once. If an asset fits in more than one ossible. If two married people are filing together, both are eate sheet to this form. On the top of any additional pages,	equally responsible for su	pplying correct
Part 1: Describe	e Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
1. Do you own or	have any legal or equitable interes	st in any residence, building, land, or similar property?		
No. Go to Pa	art 2.			
☐ Yes. Where	is the property?			
Part 2: Describe	e Your Vehicles			
3. Cars, vans, t☐ No☐ Yes	rucks, tractors, sport utility ve	hicles, motorcycles		
3.1 Make: Model:	Kia Soul	Who has an interest in the property? Check one	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on <i>Schedule D:</i>
Year:	2019	☐ Debtor 1 only ☐ Debtor 2 only	Current value of the	Current value of the
Approxima Other info	ate mileage: 9000 rmation:	■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	entire property?	portion you own?
		Check if this is community property (see instructions)	\$16,000.00	\$16,000.00
Examples: Bo No Yes Add the doll pages you h	ats, trailers, motors, personal wa lar value of the portion you ow have attached for Part 2. Write	d other recreational vehicles, other vehicles, and actercraft, fishing vessels, snowmobiles, motorcycle accernication in for all of your entries from Part 2, including any ethat number here	ntries for	\$16,000.00 Current value of the portion you own?
			İ	Do not deduct secured claims or exemptions.

Debtor Debtor		Ann Marie Elizabeth E	Shalhoub Barbara Shalhoub	Case number (if known)	19-42901
<i>Exal</i> □ N	<i>mples</i> lo		I furnishings ances, furniture, linens, china, kitchenware		
			Normal household furniture and appliances		\$600.00
			TV		\$800.00
			Outdoor furniture		\$200.00
□N	<i>mples</i> lo	s: Televisions	and radios; audio, video, stereo, and digital equipment; compute ell phones, cameras, media players, games	ers, printers, scanners; music o	collections; electronic devices
			2 laptops, 2 TVs, gaming console, 2 mobile phone	s, 2 tablets	\$700.00
Exa	<i>mples</i> lo		nd figurines; paintings, prints, or other artwork; books, pictures, o tions, memorabilia, collectibles	r other art objects; stamp, coin	n, or baseball card collections;
Exa □ N	mples lo		and hobbies tographic, exercise, and other hobby equipment; bicycles, pool to truments	ables, golf clubs, skis; canoes	and kayaks; carpentry tools;
			Exercise equipment, musical instruments, digital of	cameras	\$900.00
■ N □ Y 11. Clo Exa	ample lo es. C thes ample	es: Pistols, rifl	es, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, accessories		\$100.00
□и	ample lo	es: Everyday Describe	jewelry, costume jewelry, engagement rings, wedding rings, heirl	oom jewelry, watches, gems,	
			Wedding bands		\$30.00
Exa ■ N	ample lo	m animals es: Dogs, cats	s, birds, horses		

Official Form 106A/B

Schedule A/B: Property

	btor 1 btor 2	Ann Marie Sh Elizabeth Ba				Cas	e number (if known)	19-42901
	Any oth ■ No	her personal and	d housel	hold items you d	lid not al	ready list, including any health aids	you did not list	
	☐ Yes.	Give specific info	rmation.					
15						ncluding any entries for pages you	have attached	\$3,330.00
		scribe Your Financ		=				
Do	you ow	n or have any le	egal or e	quitable interest	t in any o	f the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	oles: Money you h				a safe deposit box, and on hand whe	n you file your petitic	on
	Examp _					certificates of deposit; shares in credit ne same institution, list each.	unions, brokerage h	ouses, and other similar
	□ No ■ Yes					Institution name:		
			17.1.	Checking		Comerica Bank		\$50.00
			17.2.	Checking		Dearborn Federal		\$20.00
			17.3.	Checking		LOC Federal Credit Union		\$0.00
18.		, mutual funds, c bles: Bond funds,	-	-		e firms, money market accounts		
	■ No □ Yes			Institution or issu	ier name:			
19.	Non-pu	-	ock and	interests in inco	orporated	and unincorporated businesses, ir	ncluding an interest	in an LLC, partnership, and
	■ No □ Yes.	Give specific info		about them me of entity:		%	of ownership:	
	Negotia Non-ne ■ No	able instruments i	include p ents are	personal checks, those you cannot	cashiers'	and non-negotiable instruments checks, promissory notes, and money o someone by signing or delivering th		
	⊔ 162. (Give specific fillor		uer name:				
		nent or pension of the state of), 403(b),	thrift savings accounts, or other pensi	on or profit-sharing p	olans
	Yes. I	List each account		ely. of account:		Institution name:		
			401(k	()		Empower		\$15,356.58

	ebtor 1 ebtor 2	Ann Marie Shalhoub Elizabeth Barbara Shalhou	ıb	Case num	nber (if known)	19-42901	
22.	Your st Examp	y deposits and prepayments hare of all unused deposits you ha hes: Agreements with landlords, p				ies, or others	;
	■ No □ Yes		Institution na	me or individual:			
		es (A contract for a periodic payn	nent of money to you, either for I	fe or for a number of years)			
	■ No □ Yes	Issuer name and d	escription.				
24.		s in an education IRA, in an acc C. §§ 530(b)(1), 529A(b), and 529		ram, or under a qualified st	ate tuition pro	gram.	
	☐ Yes	Institution name an	d description. Separately file the	records of any interests.11 U	.S.C. § 521(c):		
	Trusts, ■ No	equitable or future interests in	property (other than anything	listed in line 1), and rights o	or powers exe	rcisable for	your benefit
	☐ Yes.	Give specific information about the	nem				
26.		s, copyrights, trademarks, trade les: Internet domain names, webs					
		Give specific information about the	nem				
27.		es, franchises, and other generales: Building permits, exclusive lice		noldings, liquor licenses, profe	essional license	es	
	■ No □ Yes.	Give specific information about the	nem				
М	onev or r	property owed to you?				Curren	t value of the
	, ,	,				portion Do not	deduct secured or exemptions.
	Tax ref	unds owed to you					
	Yes.	Give specific information about th	em, including whether you alread	dy filed the returns and the tax	years		
			2018 Tax refund	Fed	leral & State		\$3,500.00
	■ No	support les: Past due or lump sum alimon Give specific information	y, spousal support, child suppor	, maintenance, divorce settle	ment, property	settlement	
30.		mounts someone owes you les: Unpaid wages, disability insu benefits; unpaid loans you m		its, sick pay, vacation pay, w	orkers' compen	sation, Socia	al Security
	☐ Yes.	Give specific information					
31.		ts in insurance policies les: Health, disability, or life insur	ance; health savings account (H	SA); credit, homeowner's, or r	enter's insuran	ce	
		Name the insurance company of e Company n		Beneficiary:		Surrer value:	nder or refund

Debtor 1	Ann Marie Shalhoub	19-42901
Debtor 2	Elizabeth Barbara Shalhoub Case number (if known)	19-42901
If you a someo	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rec ne has died. Give specific information	eive property because
Examp ■ No	against third parties, whether or not you have filed a lawsuit or made a demand for payment les: Accidents, employment disputes, insurance claims, or rights to sue	
☐ Yes.	Describe each claim	
■ No	ontingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to	set off claims
35. Any fin	ancial assets you did not already list	
	Give specific information	
	ne dollar value of all of your entries from Part 4, including any entries for pages you have attached rt 4. Write that number here	\$18,926.58
Part 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
37. Do you c	wn or have any legal or equitable interest in any business-related property?	
■ No. Go	to Part 6.	
☐ Yes. G	o to line 38.	
	cribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. u own or have an interest in farmland, list it in Part 1.	
	own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
_	Go to line 47.	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
Examp	have other property of any kind you did not already list? les: Season tickets, country club membership	
■ No □ Yes.	Give specific information	
54. Add t	ne dollar value of all of your entries from Part 7. Write that number here	\$0.00

Ann Marie Shalhoub Debtor 1 Case number (if known) 19-42901 Elizabeth Barbara Shalhoub Debtor 2 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$16,000.00 57. Part 3: Total personal and household items, line 15 \$3,330.00 Part 4: Total financial assets, line 36 \$18,926.58 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$38,256.58 Copy personal property total \$38,256.58 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$38,256.58

Fill in this information to identify your case:							
Debtor 1	Ann Marie Shalho	oub					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN				
	19-42901						
(if known)					☐ Check if this is an		
					amended filing		

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonban	kruptcy exemptions. 1	I1 U.S	S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11 to	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption			
	,	Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
De	ebtor 1 Exemptions Normal household furniture and	\$600.00		\$300.00	11 U.S.C. § 522(d)(3)			
	appliances Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				
	2 laptops, 2 TVs, gaming console, 2 mobile phones, 2 tablets	\$700.00		\$350.00	11 U.S.C. § 522(d)(3)			
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit				
	Exercise equipment, musical	\$900.00		\$450.00	11 U.S.C. § 522(d)(5)			
	instruments, digital cameras Line from <i>Schedule A/B</i> : 9.1			100% of fair market value, up to any applicable statutory limit				
	Normal everyday clothing Line from Schedule A/B: 11.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)			
	Line Irom Scriedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit				
	Wedding bands Line from Schedule A/B: 12.1	\$30.00		\$15.00	11 U.S.C. § 522(d)(4)			
	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	Checking: Comerica Bank Line from Schedule A/B: 17.1	\$50.00		\$25.00	11 U.S.C. § 522(d)(5)				
	Line Holli Schedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit					
	Checking: Dearborn Federal Line from Schedule A/B: 17.2	\$20.00		\$10.00	11 U.S.C. § 522(d)(5)				
	Line Holli Schedule Arb. 11.2			100% of fair market value, up to any applicable statutory limit					
	401(k): Empower Line from Schedule A/B: 21.1	\$15,356.58		\$15,356.58	11 U.S.C. § 522(d)(12)				
	Ellie Holli Golloddie 742. 21.1			100% of fair market value, up to any applicable statutory limit					
	Federal & State: 2018 Tax refund Line from Schedule A/B: 28.1	\$3,500.00		\$1,750.00	11 U.S.C. § 522(d)(5)				
	Line Holli Schedule PAD. 20.1			100% of fair market value, up to any applicable statutory limit					
3.	Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No								
	☐ Yes. Did you acquire the property cover☐ No	red by the exemption wi	thin 1	,215 days before you filed this case	?				

Fill in this info	rmation to identify your	case:			
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2	Elizabeth Barbara	a Shalhoub			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGA			PF MICHIGAN		
Case number	19-42901				
(if known)	13 42301				Check if this is an
				_	amended filing
					amenaea ming

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are claiming state and federal nonbar	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B	For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
De	ebtor 2 Exemptions									
	Normal household furniture and appliances	\$600.00		\$300.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						
	2 laptops, 2 TVs, gaming console, 2 mobile phones, 2 tablets	\$700.00		\$350.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit						
	Exercise equipment, musical instruments, digital cameras	\$900.00		\$450.00	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit						
	Normal everyday clothing Line from Schedule A/B: 11.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)					
	Zine nam eshedale 702: 1111			100% of fair market value, up to any applicable statutory limit						
	Wedding bands Line from Schedule A/B: 12.1	\$30.00		\$15.00	11 U.S.C. § 522(d)(4)					
	Elia ilaii dolloddio 172. 1211			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

			Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
		ng: Comerica Bank	\$50.00		\$25.00	11 U.S.C. § 522(d)(5)	
					100% of fair market value, up to any applicable statutory limit		
		ng: Dearborn Federal	\$20.00		\$10.00	11 U.S.C. § 522(d)(5)	
	Line non	Tourisdate AVD. TT-2			100% of fair market value, up to any applicable statutory limit		
		I & State: 2018 Tax refund	\$3,500.00		\$1,750.00	11 U.S.C. § 522(d)(5)	
	Line non	Touriedate AVD. 20.1			100% of fair market value, up to any applicable statutory limit		
3.		claiming a homestead exemption to adjustment on 4/01/19 and every			ed on or after the date of adjustme	nt.)	
	☐ Yes	s. Did you acquire the property cove	red by the exemption wi	thin 1	215 days before you filed this case	?	
		No					
		Yes					

Fill in this information to	identify you	r case:			
	/Iarie Shalh				
First Nan		Middle Name Last Name			
Debtor 2 Elizak	eth Barba	ra Shalhoub			
(Spouse if, filing) First Nan		Middle Name Last Name		-	
United States Bankruptcy (Court for the:	EASTERN DISTRICT OF MICHIGAN			
Cimoa Gialos Bariniapioy	our for the.				
Case number 19-42901					
(if known)				_	if this is an
				amen	ded filing
Official Form 106D)				
	-	Who Hove Claims Coours	d by Dranart		4045
Schedule D: Cr	eartors	Who Have Claims Secure	a by Propert	<u>y</u>	12/15
is needed, copy the Additiona		f two married people are filing together, both are e ut, number the entries, and attach it to this form.			
number (if known).					
1. Do any creditors have clain	•				
☐ No. Check this box a	and submit th	is form to the court with your other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in all of the	information b	pelow.			
Part 1: List All Secured	d Claims				
2. List all secured claims. If a	creditor has n	nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If more than one creditor has		a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claim	is in alphabetic	al order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Acceptance Now		Describe the property that secures the claim:	\$2,082.00	\$800.00	\$1,282.00
Creditor's Name		TV			
	_	As of the date you file, the claim is: Check all that			
5501 Headquarter	s Dr	apply.			
Plano, TX 75024		Contingent			
Number, Street, City, State &	Zip Code	Unliquidated			
Who owes the debt? Check	000	☐ Disputed Nature of lien. Check all that apply.			
_	one.		a au wa d		
Debtor 1 only		□ An agreement you made (such as mortgage or s car loan)	ecurea		
Debtor 2 only					
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors:		Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this claim relates		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
community debt	5 to a	Other (including a right to offset)			
	ened				
	/18 Last tive				
)2/19	Last 4 digits of account number 1520)		
		·			
2.2 Global Lending Se	ervice	Describe the property that secures the claim:	\$21,026.00	\$16,000.00	\$5,026.00
Creditor's Name		2019 Kia Soul 9000 miles			
		As of the date you file, the claim is: Check all that			
1200 Brookfield B		apply.			
Greenville, SC 296	507	☐ Contingent			
Number, Street, City, State 8	Zip Code	☐ Unliquidated			
		Disputed			
Who owes the debt? Check	one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s car loan)	ecured		
Debtor 2 only		_			
Debtor 1 and Debtor 2 only		Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors	and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Ann Marie Shalhoub		Case	number (if known)	19-42901	
First Name Middle N	ame Last Name		,	10 12001	
Debtor 2 Elizabeth Barbara Shall	noub				
First Name Middle N	ame Last Name				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Opened 09/18 Last Active Date debt was incurred 1/02/19	Last 4 digits of account number	9972			
1/02/13		-			
2.3 Progressive Leasing	Describe the property that secures the o	claim:	\$300.00	\$200.00	\$100.00
Creditor's Name	Outdoor furniture				
256 W. Data Drive Draper, UT 84020	As of the date you file, the claim is: Checapply. Contingent	k all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mort car loan)	gage or secured			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechan	ic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
· ·	column A on this page. Write that number	here:	\$23,408	.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.		\$23,408	.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in	this informa	ation to identify your ca	ase:	
Debto	or 1	Ann Marie Shalhou	ıb	
		First Name	Middle Name Last Name	
Debto		Elizabeth Barbara		
(Spouse	e if, filing)	First Name	Middle Name Last Name	
United	d States Bank	cruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN	
Case (if know		9-42901		Check if this is an mended filing
Sch		F: Creditors WI	no Have Unsecured Claims	12/15
any exe Schedu Schedu left. Att	ecutory contra ile G: Executo ile D: Creditor ach the Contii ind case numb	cts or unexpired leases the ry Contracts and Unexpir s Who Have Claims Secun nuation Page to this page	Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claimat could result in a claim. Also list executory contracts on Schedule A/B: Property (Officied Leases (Official Form 106G). Do not include any creditors with partially secured claims red by Property. If more space is needed, copy the Part you need, fill it out, number the en. If you have no information to report in a Part, do not file that Part. On the top of any addinctured Claims.	al Form 106A/B) and on that are listed in tries in the boxes on the
		s have priority unsecured		
_	No. Go to Par		ounis against you.	
	1 Yes.	12.		
Part 2		of Your NONPRIORITY	Unsecured Claims	
		s have nonpriority unsecu		
_			• •	
_	-	nothing to report in this pa	rt. Submit this form to the court with your other schedules.	
	Yes.			
un tha	secured claim,	list the creditor separately	ms in the alphabetical order of the creditor who holds each claim. If a creditor has more that for each claim. For each claim listed, identify what type of claim it is. Do not list claims already ince the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
				Total claim
4.1	AAA Auto	oClub	Last 4 digits of account number	\$276.00
	500 Virgi	Creditor's Name nia Dr, ste 514 hington, PA 19034	When was the debt incurred?	-
		eet City State Zlp Code	As of the date you file, the claim is: Check all that apply	
		ed the debt? Check one.		
	Debtor 1	only	☐ Contingent	
	Debtor 2	only	☐ Unliquidated	
	Debtor 1	and Debtor 2 only	Disputed	
	☐ At least of	one of the debtors and anot	her Type of NONPRIORITY unsecured claim:	
	☐ Check if	this claim is for a comm	unity Student loans	
	debt		lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	_	subject to offset?	report as priority claims	
	■ No		Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		Other. Specify	

Debto Debto	r 1 Ann Marie Shalhoub r 2 Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.2	Accelerated Recievable Nonpriority Creditor's Name	Last 4 digits of account number	3374	\$42.00
	2223 Broadway Scottsbluff, NE 69361	When was the debt incurred?	Opened 04/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Collection Ann Arbor	Attorney Anesthesia Assoc Of	
4.3	Accelerated Recievable Nonpriority Creditor's Name	Last 4 digits of account number	1890	\$28.00
	2223 Broadway Scottsbluff, NE 69361	When was the debt incurred?	Opened 04/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	☐ Yes	Attorney Oakwood Healthcare a		
4.4	American Profit Recove	Last 4 digits of account number	7855	\$40.00
	Nonpriority Creditor's Name 34505 W 12 Mile Rd Ste 3 Farmington Hills, MI 48331	When was the debt incurred?	Opened 05/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ag. 555 57 divorso that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐Yes	Other Specify Collection	Attorney Millennium Cardiology	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 29

Debto	er 2 Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.5	American Recovery	Last 4 digits of account number	\$60.00
	Nonpriority Creditor's Name 27821 Fort St	When was the debt incurred?	
	Trenton, MI 48183	As of the date way file the plain in O	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	Li fes	Other. Specify	
4.6	Avante	Last 4 digits of account number 4304	\$100.00
	Nonpriority Creditor's Name 3600 South Gessner Houston, TX 77063	When was the debt incurred? Opened 2/28/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.7	Avante USA	Last 4 digits of account number	\$100.00
	Nonpriority Creditor's Name 3600 S. Gessner Rd.	When was the debt incurred?	
	Suite 225		
	Houston, TX 77063 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the diam is. Oneck an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

	1 Ann Marie Shalhoub 2 Elizabeth Barbara Shalhoub		Case number (if known)	9-42901
4.8	Beaumont	Last 4 digits of account number		\$32.00
	Nonpriority Creditor's Name PO Box 674576	When was the debt incurred?		
	Detroit, MI 48267-4576 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that y	ou did not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.9	Binson's Home Health Care Centers	Last 4 digits of account number		\$420.00
	Nonpriority Creditor's Name PO Box 129 Warren, MI 48090-0129	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ou did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify		
4.1				
0	Capital One Auto Finan Nonpriority Creditor's Name	Last 4 digits of account number	1001	\$4,469.00
	Po Box 259407 Plano, TX 75025	When was the debt incurred?	Opened 03/11 Last Act 9/09/16	tive
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation	aration agreement or divorce that v	ou did not
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	∏ Yes	Other Specify Automobil	e	

	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
1 C	Capital One Bank Usa N	Last 4 digits of account number	3436	\$579.00
	onpriority Creditor's Name	_		<u> </u>
_	o Box 30281 Calt Lake City, UT 84130	When was the debt incurred?	Opened 01/18 Last Active 11/10/18	
	umber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
V	/ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
_	Check if this claim is for a community	☐ Student loans		
d	ebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I	
.1 C	Capital One Bank Usa N	Last 4 digits of account number	5445	\$255.00
	onpriority Creditor's Name	_		
_	o Box 30281 alt Lake City, UT 84130	When was the debt incurred?	Opened 09/18 Last Active 1/24/19	
	umber Street City State Zlp Code	As of the date you file, the claim		
_	/ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	ebt		ration agreement or divorce that you did not	
_	s the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
.1 C	CBCS	Last 4 digits of account number		\$373.00
N	onpriority Creditor's Name			
_	O Box 163333	When was the debt incurred?		
	Columbus, OH 43216 Tumber Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	/ho incurred the debt? Check one.	• , • • •		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
_	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	ebt		aration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Page 5 of 29

Is the claim subject to offset?

Debto	Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.1	Client Financial Services	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name 209 South Alloy Drive Fenton, MI 48430	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Compact		\$420.00
5	Comcast Nonpriority Creditor's Name	Last 4 digits of account number	\$420.00
	1701 JFK Boulevard Philadelphia, PA 19103	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Comenity	Local Adigita of account number	\$1,710.66
6	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ1,7 10.00
	P.O. BOx 1822273 Columbus, OH 43218-2273	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
Comenity Bank/carsons	Last 4 digits of account number	5350	\$7
Nonpriority Creditor's Name	_		
Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 12/16 Last Active 9/22/17	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Commonwealth Financial	Last 4 digits of account number	80N1	\$1
Nonpriority Creditor's Name 245 Main Street Scranton, PA 18519	When was the debt incurred?	Opened 05/18	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• ,		
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	<u> </u>	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Collection Dearborn	Attorney Oakwood Hospital -	
Commonwealth Financial		82N1	\$1
Nonpriority Creditor's Name	Last 4 digits of account number		φı
245 Main Street Scranton, PA 18519	When was the debt incurred?	Opened 05/18	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Dearborn

Type of NONPRIORITY unsecured claim:

☐ Student loans

report as priority claims

Page 7 of 29

 $\hfill \square$ At least one of the debtors and another

Is the claim subject to offset?

 $\hfill\square$ Check if this claim is for a community

Collection Attorney Oakwood Hospital -

 $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not

	or 1 Ann Marie Shalhoub or 2 Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.2	Commonwealth Financial	Last 4 digits of account number	80N1	\$150.00
	Nonpriority Creditor's Name 245 Main Street	When was the debt incurred?	Opened 05/18	
	Scranton, PA 18519 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	, , , , , , , , , , , , , , , , , , , ,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify	Attorney Oakwood Hospital -	
4.2	Congress Collection	Last 4 digits of account number	2456	\$210.00
	Nonpriority Creditor's Name 28552 Orchard Lake Road Farmington Hills, MI 48334	When was the debt incurred?	Opened 09/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Svcs. Inc.	Attorney Medstar/Us Rehab.	
4.2	Congress Collection	Last 4 digits of account number	2455	\$210.00
	Nonpriority Creditor's Name 28552 Orchard Lake Road Farmington Hills, MI 48334	When was the debt incurred?	Opened 09/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Svcs. Inc.

Page 8 of 29

Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Collection Attorney Medstar/Us Rehab.

Debto	pr 2 Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.2	Congress Collection	Last 4 digits of account number 1186	\$65.00
	Nonpriority Creditor's Name 28552 Orchard Lake Road	When was the debt incurred? Opened 11/14	
	Farmington Hills, MI 48334 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Oncok an that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Collection Attorney Arman Mohammed A. M.D. P.C.	
4.2	Credit Corp Solutions, Inc.	Last 4 digits of account number	\$675.00
	Nonpriority Creditor's Name 180 Election Road, Ste 200 Draper, UT 84020	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	_	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 5	Credit Management Lp	Last 4 digits of account number 1764	\$700.00
	Nonpriority Creditor's Name Po Box 118288	When was the debt incurred? Opened 01/17	-
	Carrollton, TX 75011 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.0 S. and date you me, the olumn is. Oneon an mat apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	

debt

■ No

☐ Yes

Other. Specify And Phone

report as priority claims

Is the claim subject to offset?

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

Collection Attorney Wow Internet Cable

Debtor Debtor	1 Ann Marie Shalhoub 2 Elizabeth Barbara Shalhoub		Case number (if known)	19-42901	
4.2 6	Credit Management Lp	Last 4 digits of account number	9562		\$420.00
	Nonpriority Creditor's Name Po Box 118288 Carrollton, TX 75011	When was the debt incurred?	Opened 05/17		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	☐ Yes	Other. Specify Collection	Attorney Comcast Ca	able	
4.2	credit one bank	Last 4 digits of account number			\$350.00
	Nonpriority Creditor's Name P.O. Box 60500	When was the debt incurred?			
	City of Industry, CA 91716 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	□ Yes	Other. Specify	3		
4.2	Credit One Bank Na	Last 4 digits of account number	7514		\$362.00
8	Nonpriority Creditor's Name	Last 4 digits of account number			Ψ302.00
	Po Box 98872 Las Vegas, NV 89193	When was the debt incurred?	Opened 10/18 Last 11/14/18	t Active	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.2 9	Cybrcollect	Last 4 digits of account number	9665	\$151.00
	Nonpriority Creditor's Name 3 Easton Oval Ste 210 Columbus, OH 43219	When was the debt incurred?	Opened 12/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Returned C	heck 01 Oreilly Auto Parts 3320	
4.3	Enhanced Recovery Co L	Last 4 digits of account number	6674	\$88.00
	Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?	Opened 06/15	
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	a plans, and other similar debts	
	Yes	Other. Specify Collection	• •	
4.3	FBCS Inc.			\$490.00
1	Nonpriority Creditor's Name	Last 4 digits of account number		φ490.00
	330 S Warminster Rd Suite 353	When was the debt incurred?		
	Hatboro, PA 19040 Number Street City State Zlp Code	As of the date you file, the claim	s. Chack all that annly	
	Who incurred the debt? Check one.	710 or the date you me, the olami	o. Oncor an that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

Schedule E/F: Creditors Who Have Unsecured Claims

Debto	r 2 Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.3	Fed Loan Serv	Last 4 digits of account number	0011	\$25,637.00
	Nonpriority Creditor's Name	_		
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/14 Last Active 1/31/19	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	al	
4.3	Fed Loan Serv	Last 4 digits of account number	0012	\$24,137.00
	Nonpriority Creditor's Name		Opened 10/15 Last Active	
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	_	☐ Contingent		
	Debtor 1 only			
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
	At least one of the debtors and another	<u></u>	u Ciaiii.	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	☐ Other. Specify	31,	
	165	Educationa	al	
4.3				•
4	Fed Loan Serv	Last 4 digits of account number	0013	\$13,958.00
	Nonpriority Creditor's Name		Opened 07/16 Last Active	
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		

debt

■ No

☐ Yes

Is the claim subject to offset?

Schedule E/F: Creditors Who Have Unsecured Claims

 \square Other. Specify

Page 12 of 29

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Debto Debto	or 1 Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.3 5	Fed Loan Serv	Last 4 digits of account number	0015	\$13,115.00
	Pob 60610 Harrisburg, PA 17106 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim	Opened 09/17 Last Active 1/31/19 is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured Student loans	rration agreement or divorce that you did not	
	Yes	☐ Other. Specify		
4.3	Fed Loan Serv	Last 4 digits of account number	0016	\$12,846.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 01/18 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loans	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin☐ Other. Specify	·	
4.3 7	Fed Loan Serv	Last 4 digits of account number	0002	\$10,846.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/10 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured Student loans		
	le the claim subject to offset?	Obligations arising out of a separate as priority claims.	ration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Other. Specify

Page 13 of 29

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Debtor Debtor	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.3	Fed Loan Serv	Last 4 digits of account number	0004	\$10,376.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 09/11 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	ıl	
4.3 9	Fed Loan Serv	Last 4 digits of account number	0006	\$9,885.00
	Nonpriority Creditor's Name	_		
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/12 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.4 0	Fed Loan Serv	Last 4 digits of account number	0014	\$7,470.00
	Nonpriority Creditor's Name Pob 60610	When was the debt incurred?	Opened 04/17 Last Active 1/31/19	
	Harrisburg, PA 17106 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	_	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Page 14 of 29

☐ Check if this claim is for a community

Is the claim subject to offset?

Student loans

☐ Other. Specify

	1 Ann Marie Shalhoub 2 Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.4	Fed Loan Serv	Last 4 digits of account number	0005	\$5,557.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/12 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify		
	_ 100	Educationa	<u> </u>	
			-	
4.4	Fed Loan Serv	Last 4 digits of account number	0003	\$5,500.00
	Nonpriority Creditor's Name	_		
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 09/11 Last Active 1/31/19	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa	I	
4.4				
3	Fed Loan Serv	Last 4 digits of account number		\$5,500.00
	Nonpriority Creditor's Name		Opened 10/10 Last Active	
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	□ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	

■ No ☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Other. Specify

Page 15 of 29

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Debtor Debtor	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.4	Fed Loan Serv	Last 4 digits of account number	0008	\$3,497.00
	Pob 60610 Harrisburg, PA 17106 Number Street City State ZIp Code	When was the debt incurred? As of the date you file, the claim	Opened 10/13 Last Active 1/31/19 is: Check all that apply	
	Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans	d claim:	
	debt Is the claim subject to offset? ■ No □ Yes	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Educationa		
4.4 5	Fed Loan Serv	Last 4 digits of account number	0009	\$3,247.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 04/14 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt		d claim: aration agreement or divorce that you did not	
	Is the claim subject to offset? ■ No □ Yes	report as priority claims Debts to pension or profit-sharin Other. Specify	·	
		Educationa	1	
4.4 6	Fed Loan Serv Nonpriority Creditor's Name	Last 4 digits of account number	0007	\$2,318.00
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/13 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured Student loans	d claim:	
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Other. Specify

Page 16 of 29

■ No

☐ Yes

Official Form 106 E/F

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Debto	r 1 Ann Marie Shalhoub r 2 Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.4	Fed Loan Serv	Last 4 digits of account number	0010	\$2,105.00
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 04/14 Last Active 1/31/19	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify		
	— 188	Education		
4.4	Fed Loan Serv	Last 4 digits of account number	0017	\$1,466.00
	Nonpriority Creditor's Name	_		
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/18 Last Active 1/31/19	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa	I	
4.4 9	Fingerhut	Last 4 digits of account number		\$903.00
	Nonpriority Creditor's Name 6250 Ridgewood Road Saint Cloud, MN 56303	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

Page 17 of 29

Debto	or 1 Ann Marie Shalhoub	Case number (if known) 19-42901	
Debil	Elizabeth Barbara Shainoub	Case number (ii known)	
4.5 0	First Credit Inc.	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name PO Box 630838 Cincinnati, OH 45263-0838	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify	
45			
4.5 1	Henry Ford Health System	Last 4 digits of account number	\$80.00
	Nonpriority Creditor's Name PO BOX 553920 Detroit, MI 48255-3920	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5	100	4000	#250.00
2	I C System Inc Nonpriority Creditor's Name	Last 4 digits of account number 4089	\$352.00
	Po Box 64378 Saint Paul, MN 55164	When was the debt incurred? Opened 05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only		
		☐ Unliquidated ☐ Disputed	
	Debtor 1 and Debtor 2 only	☐ DISDUTED	

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Att Directv

☐ Student loans

report as priority claims

Page 18 of 29

lacksquare At least one of the debtors and another

Is the claim subject to offset?

 $\hfill\square$ Check if this claim is for a community

	Ann Marie Shalhoub Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.5	IHA	Last 4 digits of account number	\$40.00
	Nonpriority Creditor's Name PO Box 131186 Ann Arbor, MI 48113	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5	J Suleiman DO PC	Last 4 digits of account number	\$150.00
	Nonpriority Creditor's Name 17000 Executive Plaza Dr 101 Dearborn, MI 48126-2610	When was the debt incurred?	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.5 5	J. P. Recovery Services	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name PO Box 16749 Rocky River	When was the debt incurred?	
	Rocky River, OH 44116 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneon all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	

debt

■ No

☐ Yes

Other. Specify

Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Landmark Account, Inc	Last 4 digits of account number	\$200.
Nonpriority Creditor's Name 1010 W 8th Street, Ste1 Anderson, IN 46016	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
Livonia Dermatology PLLC		\$40.
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ4 0.
PO Box 771975 Detroit, MI 48277	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• ,	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
LIB		* 00
LJ Ross Nonpriority Creditor's Name	Last 4 digits of account number	\$80
PO Box 1280	When was the debt incurred?	
Oaks, PA 19456-1280		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	

debt

■ No ☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Disputed

☐ Student loans

Other. Specify

Page 20 of 29

☐ At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

	or 2 Ann Marie Shalhoub Elizabeth Barbara Shalhoub	Case num	nber (if known) 19-42901	
4.5 9	Merchants & Medcal	Last 4 digits of account number 6410		\$249.00
	Nonpriority Creditor's Name 6324 Taylor Dr Flint, MI 48507	When was the debt incurred? Opened	d 05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check al	I that apply	
	<u> </u>			
	■ Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agree	ement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	smont of divorce that yeu did not	
	■ No	Debts to pension or profit-sharing plans, and	d other similar debts	
	Yes	■ Other. Specify Collection Attorney	Motor City Medical	
4.6	Merchants & Medical	Last 4 digits of account number		\$1,500.00
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,000.00
	6324 Taylor Drive Flint, MI 48507-4685	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check al	I that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<u> </u>	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agree report as priority claims	ement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing plans, and	d other similar debts	
	☐ Yes	Other. Specify Other are a specific and a specifi	3 other similar debies	
4.6				
4.0 1	Michigan Ear Institute	Last 4 digits of account number		\$32.00
	Nonpriority Creditor's Name PO Box 67000 Potroit MI 48267	When was the debt incurred?		
	Detroit, MI 48267 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check al	I that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only			
		☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agree	ement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing plans, and	d other similar debts	
	□ Yes	Other, Specify		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 21 of 29

Debte Debte	or 2 Ann Marie Shalhoub Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.6	Michigan Healthcare Profesionals	Last 4 digits of account number	\$80.00
	Nonpriority Creditor's Name 31157 Woodward Ave.	When was the debt incurred?	
	Royal Oak, MI 48073 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam'ris. One of all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Midland Credit Management		\$981.00
3	Nonpriority Creditor's Name	Last 4 digits of account number	φ301.00
	PO BOX 60578	When was the debt incurred?	
	Los Angeles, CA 90060-0578		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	_	
	_ ′	Contingent	
	Debtor 2 only	Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify	
1		— Other. Specify	
4.6	North Shore Agency Nonpriority Creditor's Name	Last 4 digits of account number	\$580.00
	270 Spagnoli Road, Suite 110 Melville, NY 11747	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

■ No

☐ Yes

Other. Specify

	or 2 Elizabeth Barbara Shalhoub		Case number (if known)	19-42901	
5	Oac	Last 4 digits of account number	3608		\$161.00
	Nonpriority Creditor's Name Po Box 500	When was the debt incurred?	Opened 8/22/17		
	Baraboo, WI 53913 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other Specify Medical			
6	Oakwood Hospital - Dearborn	Last 4 digits of account number			\$550.00
	Nonpriority Creditor's Name	· ·			*****
	Oakwood Hospital - Heritage c/o Susan L Winters	When was the debt incurred?			
	3000 Town Center, Ste 2390 Southfield, MI 48075-1387				
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one. ☐ Debtor 1 only	_			
	Debtor 2 only	☐ Contingent			
		☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	☐ Student loans	u Ciaiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	□Yes	Other. Specify			
	Ophthalmic Specialists of Michigan	Last 4 digits of account number			\$60.00
	Nonpriority Creditor's Name 33400 W Six Mile Road Livonia, MI 48152	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar de	ebts	
	☐ Yes	■ Other. Specify			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 23 of 29

	r 1 Ann Marie Shalhoub r 2 Elizabeth Barbara Shalhoub		Case number (if known)	19-42901	
4.6	Phoenix Financial Serv	Last 4 digits of account number	3328		\$247.00
	Nonpriority Creditor's Name 8902 Otis Ave Ste 103a Indianapolis, IN 46216	When was the debt incurred?	Opened 12/18		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	Other. Specify Collection Hospital	Attorney Oakwood A	nnapolis	
4.6	Portfolio Recov Assoc	Last 4 digits of account number	2780		\$440.00
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502	When was the debt incurred?	Opened 06/16		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	Yes	■ Other. Specify Bank Usa N	Company Account Ca N.A.	pital One	
4.7	Portfolio Recov Assoc	Last 4 digits of account number	0524		\$345.00
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100	When was the debt incurred?	Opened 11/13		
	Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other Specify Retail Bank

Page 24 of 29

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Ge Capital

2 Elizabeth Barbara Shalhoub	Case number (if known) 19-429	<u> </u>
Rainmaker Collections	Last 4 digits of account number	\$1,000.00
Nonpriority Creditor's Name PO BOX 721218 Berkley, MI 48072	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Santander Consumer Usa	Last 4 digits of account number 1000	\$8,595.00
Po Box 961245 Ft Worth, TX 76161	When was the debt incurred? Opened 07/15 Last Active 11/23/18	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Automobile	<u> </u>
Time Life	Last 4 digits of account number	\$90.00
Nonpriority Creditor's Name	<u> </u>	
PO Box 8777 Pueblo, CO 81008 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	-	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	

debt

■ No ☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

Page 25 of 29

Other. Specify

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debto	pr 2 Elizabeth Barbara Shalhoub	Case number (if known) 19-42901	
4.7 4	Total Card, Inc.	Last 4 digits of account number	\$483.00
	Nonpriority Creditor's Name 5109 S. Broadband Lane Sioux Falls, SD 57108	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	П	
	_	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.7	Transword Systems Inc.	Last 4 digits of account number	\$40.00
	Nonpriority Creditor's Name 2135 E Primerose Suite Q Springfield, MO 65804	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.7	Transworld System Inc/	Last 4 digits of account number 8933	\$550.00
6	Nonpriority Creditor's Name	Last 4 digits of account number	ψ330.00
	Po Box 15095	When was the debt incurred? Opened 10/13	
	Wilmington, DE 19850		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Auto Club Group

☐ Student loans

report as priority claims

	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case number (if known) 19-42901	
4.7 7	Transworld System Inc/	Last 4 digits of account number	5560	\$276.00
	Nonpriority Creditor's Name Po Box 15095 Wilmington, DE 19850	When was the debt incurred?	Opened 04/17	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Collection	Attorney Auto Club Group	
4.7	United Collection Bureau, Inc. Nonpriority Creditor's Name	Last 4 digits of account number		\$417.00
	5620 Southwyck Blvd. Toledo, OH 43614-0190	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify		
4.7	Value City Furniture	Last 4 digits of account number		\$482.00
	Nonpriority Creditor's Name 33377 Van Dyke Ave. Sterling Heights, MI 48312	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 27 of 29

		e Shalhoub Barbara Shalhoub		Case r	number (if known)	19-42901		
~	Webbank/fi	_	Last 4 digits of account number	5187	7	_	\$903.00	
•		ditor's Name wood Road I, MN 56303	When was the debt incurred?		ned 10/18 Las 3/18	t Active		
1	Number Street	City State Zlp Code	As of the date you file, the claim	is: Chec	ck all that apply			
_	_	the debt? Check one.	_					
_	Debtor 1 on	•	☐ Contingent					
_	Debtor 2 on	•	Unliquidated					
_	_	d Debtor 2 only	Disputed		_			
		of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	ed claim:	•			
c	debt	is claim is for a community bject to offset?	☐ Obligations arising out of a sep report as priority claims	aration a	greement or divorce	that you did not		
	No	bject to onset:	Debts to pension or profit-shari	na nlane	and other similar de	ahte		
	■ No □ Yes		Other. Specify Charge Ac			5015		
			- Other. Specify					
	xfinity	E. I.M.	Last 4 digits of account number			_	\$507.00	
1	Nonpriority Cree po box 34 Seattle, WA		When was the debt incurred?					
1	Number Street	City State ZIp Code the debt? Check one.	As of the date you file, the claim	is: Ched	ck all that apply			
[Debtor 1 on	ly	☐ Contingent					
[Debtor 2 on	ly	☐ Unliquidated					
I	Debtor 1 an	d Debtor 2 only	☐ Disputed					
[At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:	:			
		is claim is for a community	Student loans					
I		bject to offset?	Obligations arising out of a sep report as priority claims			•		
	No		Debts to pension or profit-shari					
[☐ Yes		Other. Specify					
is trying have m	s page only if y g to collect fro ore than one o	m you for a debt you owe to som	out your bankruptcy, for a debt that neone else, list the original creditor i you listed in Parts 1 or 2, list the add submit this page.	n Parts 1	1 or 2, then list the	collection agency h	ere. Similarly, if you	
. Total th	_	certain types of unsecured claim	ns. This information is for statistical	reportin	g purposes only. 2	8 U.S.C. §159. Add t	he amounts for each	
-					Total	Claim		
	6a.	Domestic support obligations		6a.	\$	0.00		
To clai	otal							
from Pai		Taxes and certain other debts	you owe the government	6b.	\$	0.00		
	6c.	Claims for death or personal in	jury while you were intoxicated	6c.	\$	0.00		
	6d.	Other. Add all other priority unse	cured claims. Write that amount here.	6d.	\$	0.00		
	6e.	Total Priority. Add lines 6a throu	igh 6d.	6e.	\$	0.00		
					Total	Claim	<u> </u>	
	6f.	Student loans		6f.	\$	157,460.00		
clai from Pai		Obligations arising out of a ser	paration agreement or divorce that	6g.	\$	0.00		

Schedule E/F: Creditors Who Have Unsecured Claims

6g. Obligations arising out of a separation agreement or divorce that

Page 28 of 29

0.00

Debtor 2 Ann Marie Shalhoub
Elizabeth Barbara Shalhoub

Sound id not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

Case number (if known)

19-42901

19-42901

19-42901

19-42901

Fill in this infor	mation to identify your	case:			
Debtor 1	Ann Marie Shalho	oub			
	First Name	Middle Name	Last Name		
Debtor 2	Elizabeth Barbara	a Shalhoub			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF MICHIGAN		
Case number	19-42901				
(if known)				_	Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		State	ZIF COUE	
۷.5	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this	s information to identify your	case:			
Debtor 1	Ann Marie Shalh				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fili	Elizabeth Barbara ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case num	ber 19-42901				
(if known)					Check if this is an amended filing
Sched	Il Form 106H dule H: Your Cod		hte you may have Pe a	o complete and coours	12/15
people are fill it out, a our name	e filing together, both are equend number the entries in the eart (if known)	ally responsible for sup boxes on the left. Attac . Answer every question	plying correct informat h the Additional Page t n.	ion. If more space is not this page. On the top	ate as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes	S				
	thin the last 8 years, have you na, California, Idaho, Louisiana				states and territories include
	. Go to line 3. s. Did your spouse, former spo	use, or legal equivalent liv	ve with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt st that apply:
3.1				☐ Schedule D, line	e
	Name			□ Schedule E/F, li	ne
				☐ Schedule G, line	e
-	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	<u> </u>
	Name			Schedule E/F, li	ne
-	Number Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Best Case, LLC - www.bestcase.com

19-42901-mar Doc 9 Filed 02/28/19 Entered 02/28/19 18:54:58 Page 45 of 64

Fill in this information to identify your case:	
Debtor 1 Ann Marie Shalhoub	
Debtor 2 Elizabeth Barbara Shalhoub Elizabeth Barbara Shalhoub	
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN	
Case number (If known) 19-42901	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form 106I	13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Accounts payable coordinator	Accounts payable coordinator
	Include part-time, seasonal, or self-employed work.	Employer's name	Health Alliance Plan	
	Occupation may include student or homemaker, if it applies.	Employer's address	1414 E Maple Troy, MI 48083	Troy, MI
		How long employed to	here? 4.5 years	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 4,400.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4.400.00 0.00

Ann Marie Shalhoub Debtor 1 19-42901 Debtor 2 Elizabeth Barbara Shalhoub Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 4.400.00 0.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$ 563.33 0.00 Mandatory contributions for retirement plans 5b. 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 257.83 \$ 0.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 325.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. **Union dues** 5g. \$ 136.50 \$ 0.00 5h. Other deductions. Specify: FSA 5h.+ \$ \$ 221.00 + 0.00 Voluntary deductions 305.50 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,809.16 0.00 6. 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 2,590.84 0.00 List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a. 8b. Interest and dividends 8b. \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 8c. settlement, and property settlement. 0.00 \$ 0.00 8d. **Unemployment compensation** Ьß \$ 0.00 0.00 8e. **Social Security** 8e. \$ 0.00 \$ 1,226.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ \$ \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 0.00 1,226.00 Calculate monthly income. Add line 7 + line 9. 10. \$ 2,590.84 \$ 1.226.00 \$ 3,816.84 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 3.816.84 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

Official Form 199 42901-mar Doc 9 Filed 02/28/19 Schoellite February 8/19 18:54:58 Page 47 of 64

Fill in	this informa	ation to identify yo	our case.			I		
Debto						Chas	k if this is:	
Debic	JI 1	Ann Marie S	nainoub				An amended filing	
Debto (Spou	or 2 use, if filing)	Elizabeth Ba	arbara Sh	alhoub			A supplement shown 13 expenses as of	ving postpetition chapter the following date:
United	d States Bank	ruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	AN	-	MM / DD / YYYY	
Case (If kno		9-42901						
		orm 106J	_					
Be as infor num	s complete rmation. If m ber (if know	nore space is ne vn). Answer eve	s possible eded, atta ry questio	. If two married people ar ich another sheet to this				
Part 1.	Is this a join	ribe Your House nt case?	ehold					
	☐ No. Go to	o line 2.						
	■ Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	tor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
	expenses of yourself an	penses include if people other t d your depende	han ents?	No Yes				
expe	mate your e	a date after the l	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the v		h assistance an		government assistance in sluded it on Schedule I: Y			Your exp	enses
		or home owners		ses for your residence. In	nclude first mortgag	e 4. \$		200.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
			•	upkeep expenses		4c. \$		160.00
		eowner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٠.		ייייניטק טפייפיייייי	y .		540, 100.10	σ. ψ		0.00

Official Form 106J

Debt Debt		Shalhoub Barbara Shalhoub	Case num	ber (if known)	19-42901
6.	Utilities:				
	6a. Electricity, he	eat, natural gas	6a.	\$	275.00
	6b. Water, sewe	r, garbage collection	6b.	\$	80.00
	6c. Telephone, c	cell phone, Internet, satellite, and cable services	6c.	\$	325.00
	6d. Other. Specif	fy:	6d.	\$	0.00
7.	Food and houseke	eeping supplies	7.	\$	600.00
8.	Childcare and chi	Idren's education costs	8.	\$	0.00
9.	Clothing, laundry,	and dry cleaning	9.	\$	100.00
10.	Personal care pro	ducts and services	10.	\$	150.00
11.	Medical and denta	al expenses	11.	\$	120.00
		clude gas, maintenance, bus or train fare.	10	¢.	250.00
	Do not include car		12.		
		ubs, recreation, newspapers, magazines, and books	13. 14.	·	150.00
		outions and religious donations	14.	\$	0.00
-	Insurance. Do not include insu	rance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	, , ,	15a.	\$	0.00
	15b. Health insura		15b.	·	0.00
	15c. Vehicle insur		15c.	·	260.00
	15d. Other insurar	nce. Specify:	15d.	\$	0.00
		ude taxes deducted from your pay or included in lines 4 or 20.			<u> </u>
	Specify:	, , , , , , , , , , , , , , , , , , ,	16.	\$	0.00
17.	Installment or leas	se payments:			
	17a. Car payment	ts for Vehicle 1	17a.	\$	464.00
	17b. Car payment	ts for Vehicle 2	17b.	\$	0.00
		fy: Post petition attorney fees	17c.	\$	135.00
		fy: Television payment	17d.	\$	201.00
		alimony, maintenance, and support that you did not report a		Ф.	0.00
4.0	deducted from yo	ur pay on line 5, Schedule I, Your Income (Official Form 106I)	. 18.		
19.		ou make to support others who do not live with you.	40	\$	0.00
20	Specify:	y expenses not included in lines 4 or 5 of this form or on Sch	19.	ur Incomo	
20.	20a. Mortgages o	•	20a.		0.00
	20b. Real estate t	, , ,	20b.	·	0.00
		meowner's, or renter's insurance	20c.	·	0.00
		e, repair, and upkeep expenses	20d.	·	0.00
		s association or condominium dues	20a.	· -	0.00
21		Pet food and supplies		+\$	200.00
۷1.	other. opecity.	ret 100d and Supplies		ΓΨ	200.00
22.	Calculate your mo	•			
	22a. Add lines 4 thi	S .		\$	3,670.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a a	and 22b. The result is your monthly expenses.		\$	3,670.00
22	Calculate your ma	onthly net income.			
	•	(your combined monthly income) from Schedule I.	23a.	\$	3,816.84
		nonthly expenses from line 22c above.	23a. 23b.	· -	3,670.00
	200. Oopy your III	OTHERY OXPORTOGO HOTH IIITO 220 GDUVG.	۷۵۵.	Ψ	3,670.00
	23c. Subtract vou	r monthly expenses from your monthly income.			
		your monthly net income.	23c.	\$	146.84
24.	Do you expect an For example, do you e	increase or decrease in your expenses within the year after yexpect to finish paying for your car loan within the year or do you expect yoms of your mortgage?			ase or decrease because of a
		explain here:			
	☐ Yes.	.Apiaiii iiele.			

Fill in this info	rmation to identify your	case:		
Debtor 1	Ann Marie Shalho	oub		
	First Name	Middle Name	Last Name	
Debtor 2	Elizabeth Barbara	a Shalhoub		
(Spouse if, filing)	First Name	Middle Name	Last Name	
	Sankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	19-42901			
(if known)				☐ Check if this is an

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read that they are true and correct. X /s/ Ann Marie Shalhoub	the summary and schedules filed with this declaration and X /s/ Elizabeth Barbara Shalhoub
Ann Marie Shalhoub	707 ===================================
	Elizabeth Barbara Shalhoub
Signature of Debtor 1	Elizabeth Barbara Shalhoub Signature of Debtor 2

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

Fill in	this info	mation to identify you	r case:			
Debto	r 1	Ann Marie Shalh				
Debto	r 2	First Name Elizabeth Barba	Middle Name ra Shalhouh	Last Name		
	e if, filing)	First Name	Middle Name	Last Name		
United	d States B	ankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case	number	19-42901				
(if know	n)					heck if this is an mended filing
Offic	cial Fo	orm 107				
Stat	emen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
inform	ation. If		attach a separate sheet to		equally responsible for suppy additional pages, write you	
Part 1			arital Status and Where You	Lived Before		
1. W	hat is yo	ur current marital statu	ıs?			
	Marrie Not ma	_				
2. D	uring the	last 3 years, have you	lived anywhere other than v	where you live now?		
	l No					
_	No Yes. L	ist all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>t</i> .	
C	Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	No					
_	_	lake sure you fill out Scl	hedule H: Your Codebtors (Of	ficial Form 106H).		
			`	,		
Part 2	Expl	ain the Sources of You	r Income			
Fi	ill in the to	tal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?
] No					
	Yes. F	ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$6,811.19	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last calen inuary 1 to		31, 2018)	■ Wages, commissions, bonuses, tips	\$55,027.26	☐ Wages, commissions, bonuses, tips	\$0.00
				☐ Operating a business		☐ Operating a business	
	r the calend inuary 1 to			■ Wages, commissions, bonuses, tips	\$37,271.00	☐ Wages, commissions, bonuses, tips	\$0.00
				☐ Operating a business		☐ Operating a business	
	and other winnings. List each s	public bene If you are fil	fit payments; ling a joint cas	pensions; rental income; interese and you have income that y	amples of other income are al rest; dividends; money collect you received together, list it o tely. Do not include income the	•	ecurity, unemployment, nd gambling and lottery
				5.17		5.1.	
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
	om January e date you f		nt year until nkruptcy:	Social Security Benefits	\$2,520.00		
	r last calen inuary 1 to		31, 2018)	Social Security Benefits	\$14,424.00		
	r the calend inuary 1 to			Social Security Benefits	\$14,424.00		
Pai	rt 3: List	Certain Pa	ayments You	Made Before You Filed for	Bankruptcy		
6.	Are either ☐ No.	Neither D	ebtor 1 nor D	's debts primarily consume lebtor 2 has primarily consu personal, family, or househo	umer debts. Consumer debts	are defined in 11 U.S.C. § 10	01(8) as "incurred by an
		During the	90 days befo		id you pay any creditor a total	of \$6,425* or more?	
		☐ Yes	paid that cr		nts for domestic support obliga	n one or more payments and attions, such as child support a	
		* Subject	to adjustment	t on 4/01/19 and every 3 year	s after that for cases filed on	or after the date of adjustmen	t.
	Yes.			r both have primarily consumer you filed for bankruptcy, di	umer debts. id you pay any creditor a total	of \$600 or more?	
		■ No.	Go to line 7				
		☐ Yes	List below e	each creditor to whom you pa		the total amount you paid that ort and alimony. Also, do not	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	tor 1 Ann Marie Shalhoub tor 2 Elizabeth Barbara Shalhoub		Cas	se number (if known)	19-42901	
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	yment for
;	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general portion of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partner r more of their votine	erships of which you g securities; and ar	u are a general ly managing ag	l partner; corporation gent, including one fo
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
i	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on ac	ccount of a de	bt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment
Part	t 4: Identify Legal Actions, Repossessio	ns. and Foreclosures	pulu		morado orda	tor o riamo
1	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	Į			property
	Santander Consumer USA 8585 N Stemmons Fwy, Ste 1100 Dallas, TX 75247	■ Property was reposse □ Property was foreclos □ Property was garnishe	ed.	8/201	8	\$10,600.00
		☐ Property was attached	d, seized or levied.			
;	Within 90 days before you filed for bankru accounts or refuse to make a payment bed ■ No □ Yes. Fill in the details.		luding a bank or fil	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount
	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a		erty in the possess		e for the bene	fit of creditors, a
	■ No □ Yes					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 1 Ann Marie Shainoub btor 2 Elizabeth Barbara Shalhoub			Case number (if known)	19-42901	
Pa	rt 5: List Certain Gifts and Contributio	ne				
	Within 2 years before you filed for bank		lid you give any gifts with a total va	lue of more than \$60	0 per person	2
١٥.	No	пирісу, с	ilu you give aliy gilis willi a total va	ide of more than 400	o per person	•
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$6 per person	600	Describe the gifts	Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:	d				
14.	Within 2 years before you filed for bank	ruptcy, d	id you give any gifts or contribution	ns with a total value	of more than	\$600 to any charity?
	NoYes. Fill in the details for each gift or	contributi	on			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total	Describe what you contributed	Dates	s you ibuted	Value
Pa	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankr	uptcy or	since you filed for bankruptcy, did	you lose anything be	cause of the	t, fire, other disaster
	or gambling?					
	No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the lithe amount that insurance has paid. It ce claims on line 33 of Schedule A/B:	List pending loss	of your	Value of property lost
Pa	rt 7: List Certain Payments or Transfe	rs				
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No	preparir	g a bankruptcy petition?			rty to anyone you
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prop transferred		payment nsfer was	Amount of payment
17.	Within 1 year before you filed for bankr promised to help you deal with your cro Do not include any payment or transfer the	editors o	to make payments to your creditor		fer any prope	rty to anyone who
	No Silvi di Livi					
	Yes. Fill in the details. Person Who Was Paid		Description and value of any prop	nerty Date	payment	Amount of
	Address		transferred	•	nsfer was	payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a	our businers made a	ess or financial affairs? as security (such as the granting of a s			
	■ No □ Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred	Describe any pro	ed or debts	Date transfer was made
	Person's relationship to you			paid in exchange		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 19-42901

19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote No		y property to a	a self-settle	d trust or similar device	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and S	torage Unit	s	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No	other financial accour	nts; certificate	s of deposit		
	Yes. Fill in the details.					
		ast 4 digits of ccount number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securit cash, or other valuables?					itory for securities,	
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?					cy?	
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control fo	•				
	Do you hold or control any property that some for someone.		ude any prope	rty you borr	rowed from, are storing t	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Inforr	nation				
For	the purpose of Part 10, the following definition	s apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these si	air, land, soil, surface	water, groun			
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	-	environmental	law, wheth	er you now own, operate	e, or utilize it or used
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or	nmental law defines a	as a hazardou	s waste, ha	zardous substance, toxi	c substance,

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

24.	Has any governmental unit notified you that yo 	ou may be liable or potentially liable	under or in violation of an environme	ntal law?				
	No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of an	y release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any envi	ironmental law? Include settlements ar	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Co	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy	, did you own a business or have ar	ny of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	utive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Par	rt 12.						
	Yes. Check all that apply above and fill in	the details below for each business	s.					
	Business Name D Address	Describe the nature of the business	Employer Identification number Do not include Social Security n	umber or ITIN.				
	(Number, Street, City, State and ZIP Code)	lame of accountant or bookkeeper	Dates business existed					
	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	, did you give a financial statement	to anyone about your business? Includ	de all financial				
	■ No □ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Pate Issued						
	(Table 2 of State Side 2 of St							

Debtor 1	Ann Marie Shainoub				
Debtor 2	Elizabeth Barbara Shalhoub		Ca	ase number (if known)	19-42901
Part 12:	Sign Below				
are true a	d the answers on this <i>Statement of Finar</i> nd correct. I understand that making a falkruptcy case can result in fines up to \$2 §§ 152, 1341, 1519, and 3571.	lse statement	, concealing property, or o	obtaining money or	
/s/ Ann I	Marie Shalhoub	/s/ Eli	zabeth Barbara Shalho	ub	
Ann Mai	rie Shalhoub	Elizab	eth Barbara Shalhoub		
Signature	e of Debtor 1	Signat	ture of Debtor 2		
Date Fe	ebruary 28, 2019	Date	February 28, 2019		
Did you at	ttach additional pages to Your Statement	of Financial	Affairs for Individuals Filii	ng for Bankruptcy (Official Form 107)?
■ No					
☐ Yes					
Did you pa	av or agree to pay someone who is not a	n attornev to I	help vou fill out bankrupto	v forms?	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

United States Bankruptcy Court Eastern District of Michigan

In re	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case No.	19-42901	
		Debtor(s)	Chapter	7	

STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

- 1. The undersigned is the attorney for the Debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

[X] FLAT FEE

- [] <u>RETAINER</u>
- B. The undersigned shall bill against the retainer at an hourly rate of \$_____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.
- 3. \$ 0.00 of the filing fee has been paid.
- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - E. Reaffirmations;
 - F. Redemptions;
 - G. Other:
- 5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Fee does not include representation in any adversarial proceedings or dischargeability actions, or judicial lien avoidances, or attendance of 2004 examinations.

This fee does NOT include any out of pocket expenses that were paid on behalf of Debtor(s).

This fee also does NOT include any work relative to reaffirmation or lease assumption agreements; Debtor will pay an extra \$150 after the case is filed for any such agreements that they want us to review and fill out for them.

There is also a \$75 fee for amendments that were caused by the fault of the Debtor.

The firm also charges an additional \$ 150.00 per adjourned 341 hearing that was caused by Debtor's failure to appear or bring requested identification or documents.

If the Debtor wishes to pay their filing fee installments via debit or third-party credit card through our firm, there is a \$10.00 (\$20.00 if paying the entire filing fee at once) fee for each installment.

Also not included in this fee is the Firm's effort to retrieve any monies that may have been garnished from the debtor. For that, the law firm charges a contingency fee of 50% of whatever funds are retrieved. In return, Firm agrees to make whatever effort necessary to retrieve those funds including, but not limited to, contacting creditor, sending demand letter, and filing an adversary proceeding against the creditor if they delay return of such funds.

6.	The source of payments to the undersigned was fro	m:
	A. XX Debtor(s)' earnings, wa	ages, compensation for services performed
	B. Other (describe, include	ling the identity of payor)
7.	The undersigned has not shared or agreed to share, corporation, any compensation paid or to be paid e	with any other person, other than with members of the undersigned's law firm or xcept as follows:
Dated:	February 28, 2019	/s/ Tyler Viilo
		Attorney for the Debtor(s)
		Tyler Viilo P75702
		Jaafar Law Group PLLC
		1 Parklane Blvd
		Suite 729E
		Dearborn, MI 48126
		888-324-7629 tyler@fairmaxlaw.com
Agreed:	/s/ Ann Marie Shalhoub	/s/ Elizabeth Barbara Shalhoub
	Ann Marie Shalhoub	Elizabeth Barbara Shalhoub
	Debtor	Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Ann Marie Shalhoub Elizabeth Barbara Shalhoub		Case No.	19-42901			
		Debtor(s)	Chapter	7			
	VERIFICATION OF CREDITOR MATRIX						
The abo	ove-named Debtors hereby verify that the attac	hed list of creditors is true and	correct to the best	of their knowledge.			

Date: February 28, 2019 /s/ Ann Marie Shalhoub Ann Marie Shalhoub Signature of Debtor Date: February 28, 2019 /s/ Elizabeth Barbara Shalhoub Elizabeth Barbara Shalhoub Signature of Debtor